

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026772

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1884

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Creve Coeur | | c. CITY OR TOWN University City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Center Evergreen Retirement | | d. STREET ADDRESS (If outside, give location) 6309 Cates | |
| 3. NAME OF DECEASED (Type or print) First MIKI Middle SHULOFF Last | | 4. DATE OF DEATH Month 6 Day 10 Year 63 | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH June 19 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 13a. FATHER'S NAME U. KOHN | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Mrs. Irene Abrams | | Address 11 Ten Brook Rd | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic C.V. Disease | | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 8:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION |
| 21. I attended the deceased from May to June 1963 and last saw her alive on June 9, 1963 Death occurred at 8:00 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Clarence R. Clark MD | |
| 22b. ADDRESS 552 N. Ballas Rd | | 22c. DATE SIGNED 6/11/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE 6/12/63 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla | 23d. LOCATION (City, town, or county) (State) 7600 St. Charles Rd. |
| 24. FUNERAL DIRECTOR Mayer | ADDRESS 4356 Lindell Blvd | 25. DATE RECD. BY LOCAL REG. 6-22-63 | 26. REGISTRAR'S SIGNATURE John B. Murphy MD |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.